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Complete if Known Substitute for form 1449/PTO Application Number 10/009.473 INFORMATION DISCLOSURE STATEMENT BY APPLICANT Filing Date November 8, 2001 First Named Inventor Hagen, Michael (use as many sheets as necessary) Group Art Unit 1648 **Examiner Name** Emily M. Le Sheet 1 of 1 Attorney Docket Number ACY33482

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Examiner Initials*	Cite No.	U.S. Patent Document Number Kind Code (If Known) (If Known)		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /E.L./

Examiner /Emily Le/ Signature	Date Considered	11/29/2008
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